ELLIS ISLAND, CONTAGIOUS DISEASE HOSPITAL OFFICE BUILDING
(Ellis Island, Nurses' Quarters)
(U.S. Immigration Station)
Statue of Liberty National Monument
New York Harbor
New York
New York County
New York

HABS NY-6086-M
NY-6086-M

PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

REDUCED COPIES OF MEASURED DRAWINGS

FIELD RECORDS

HISTORIC AMERICAN BUILDINGS SURVEY
National Park Service
U.S. Department of the Interior
1849 C Street NW
Washington, DC 20240-0001

HISTORIC AMERICAN BUILDINGS SURVEY

ELLIS ISLAND, CONTAGIOUS DISEASE HOSPITAL OFFICE BUILDING
(Ellis Island, Contagious Disease Hospital Nurses' Quarters)

HABS No. NY-6086-M

Location:	New York Harbor, Jersey City, Hudson County, New Jersey, and New York City, New York County, New York
Present Owner:	U.S. Department of the Interior, National Park Service
Present Occupant:	Ellis Island National Monument
Present Use:	Vacant
Significance:	Ellis Island Immigration Station is significant as the primary port of entry into the United States for immigrants during the period 1892-1954. It is located in New York Harbor on three small islands modified by successive building programs into one. Opened in 1892, the first immigration station was destroyed by fire in 1897. The facility subsequently was rebuilt over time with immigrant processing buildings on Island 1, a general hospital complex on Island 2, and a contagious disease hospital on Island 3. The Office Building is part of the contagious disease hospital complex and was an important ancillary building containing offices, pharmacy, laboratory, and staff living quarters. The hospital complex at Ellis Island—operated by the U.S. Marine Hospital Service from 1900 to 1912 and by the U.S. Public Health Service from 1912 to 1951—closed March 1, 1951. The Ellis Island Immigration Station ceased operation November 12, 1954. The complex was made part of the Statue of Liberty National Monument in 1965. The Office Building associated with the contagious disease hospital was constructed in 1908. It has the scale and form of a domestic structure, with a two room deep center hall plan. The Office Building is joined to the contagious disease hospital by a one-story covered passageway on the south elevation. It also displays the same materials and Georgian Revival styling as the rest of the Island 3 hospital complex. Historic drawings indicate that originally the first floor was used as office, a doctor's library, and a dispensary. The second floor included laboratories and living quarters for the hospital pharmacist. Upon completion of the contagious disease hospital complex in 1909, the Office Building was re-designated Building 1. By 1924, the first floor offices were remodeled as living space for male nurses and the building renamed the Nurses' Quarters. This use appears to have remained in place until the hospital complex closed in 1951.

I. HISTORICAL INFORMATION

A. Physical History:

1. Date of erection: 1908

2. Architect: Office of the Supervising Architect, U.S. Department of the Treasury, (James Knox Taylor, Supervising Architect)

3. Original owner: U.S. Department of Commerce and Labor, 1908-1912
Subsequent Owners: U.S. Department of Labor, 1913-1940
U.S. Department of Justice, Immigration and Naturalization Service, 1942-1954
U.S. General Services Administration, 1954-1965
U. S. Department of the Interior, National Park Service, 1965-present

4. Builder: North-Eastern Construction Co., New York City

5. Original plans and construction: Historic plans and field observation indicate that the Office Building largely retains its historic appearance. In 1906, the Office of the Supervising Architect prepared plans for the Office Building (Figures 1-3). This drawing set includes elevations, floor plans, roof, foundation, and framing plans, sections, and details.[1] They show a compact, square, 2½ story, Georgian Revival style building with brick detailing, a hipped tile roof, and projecting limestone portico. Although the interior has been modified somewhat, the building's central hall plan is intact, original windows and doors remain and the exterior reflects its original massing, materials and detailing. Original construction specifications noted wood flooring, coved wood baseboards, plaster walls with rounded corners and coved ceilings, picture moldings and five panel doors with wood surrounds and corner blocks. Built in cabinets for medicines and a sink were specified for the first floor dispensing room. Bathroom floors were to have terrazzo flooring with a marble border and marble wainscot with plaster walls and coved plaster ceilings. Back-to-back brick fireplaces were specified for the doctor's library and office. The second floor laboratory at the southeast corner of the building was to include a sink with hood and vent. Many of these features are still extant.[2]

6. Alterations and additions: A one-story corridor was attached to the rear (south) elevation of the building around 1914. By 1924, the first floor of the Office Building had been converted to housing for male nurses. By 1928, the second floor appears to have been completely converted to laboratory space.[3]

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[1] Original drawings for Ellis Island buildings are digitized and available from the Technical Information Center (TIC), Denver Service Center, National Park Service, U.S. Department of the Interior at http://etic.nps.gov.

[2] Beyer Blinder Belle/Anderson Notter Finegold, *Ellis Island Statue of Liberty National Monument New York-New Jersey: Historic Structures Report Units 2, 3 and 4, Volume 4, Part 2* (U.S. Department of the Interior, National Park Service, 1986), 238 as referenced from original plans and drawings; Proposals for the Construction Complete (Except Heating, Elevator, Electric Conduits and Wiring) of the Contagious Disease Hospital, U.S. Immigrant Station, Ellis Island, N.Y. (1906), Folder 51436/1-8A, Box 33, Entry 9 - Subject and Policy Files, 1893-1957, Record Group 85 - Records of the Immigration and Naturalization Service, National Archives and Records Administration, Washington, DC (hereafter Entry 9, RG 85, NARA I); Specifications for Measles Wards C, D, F, G and H, Isolation Wards I, K, and L, Staff House, Office Building and Mortuary (1907), Folder 51436/1-8C, Pt. 1, New Contagious Disease Hospital at Ellis Island, Box 34, Entry 9, RG 85, NARA I.

[3] NPS Drawing No. 462/43,920, Sheet 2 of 2, (21 May 1928). "Hospital Buildings, Island No. 3."

Other upgrades, repairs, and maintenance including painting, roof repairs, window and door screens and installation of a fire alarm system occurred between 1928 and 1939. Changes also may have been made to the building between 1939 and 1954 by the U.S. Coast Guard. If so, specifics have not been found.

A. Historical Context:

The United States Immigration Station at Ellis Island, New York, was established in April 1890 and was an early, and perhaps the most well known example of the federal immigration facilities established during the late nineteenth century. Prior to 1890, the states handled immigration, but the growing influx of immigrants nationwide spurred federal officials to establish a new federal system, including an isolated facility on Ellis Island in New York Harbor.[4] To accommodate the new facility, Ellis Island was enlarged to eleven acres and improved with a number of wood buildings.[5] The immigration station opened January 1, 1892, and processed more than 1,500,000 immigrants until destroyed by a fire on July 15, 1897.[6]

Planning for a new facility was quickly undertaken by the Department of the Treasury, the agency then responsible for immigration.[7] The new immigration station at Ellis Island was the second project created under the Tarnsey Act, which authorized architectural competitions for the design of federal buildings. The competition was won by the New York firm of Boring & Tilton.[8] The firm's plan featured a linear, southwest-northeast axis with three primary "fireproof" buildings—a French Renaissance style immigration building roughly on the site of the burned structure, a kitchen and laundry building and a powerhouse. Additionally, the plan proposed a new man-made island south of the original one that would contain a new Georgian Revival style hospital complex sited on the same linear, southwest-northeast axis as the facilities on Island 1. A ferry slip would separate the two islands. The plan also called for an ornamental Beaux Arts setting with "…symmetrical walks lined with allees of trees."[9]

The Immigration Building on Island 1 opened December 17, 1900, processing 2,251 people the first day.[10] Between 1897 and 1903 several other buildings were erected on Island 1, and the Hospital,

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[4] Tracy J. Stakely, *Cultural Landscape Report for Ellis Island—Statue of Liberty National Monument—Site History, Existing Conditions, Analysis* (Brookline, MA: National Park Service, Olmstead Center for Landscape Preservation, 2003), 27.

[5] Ibid., 29.

[6] Harlan D. Unrau, *Historic Resource Study (Historical Component) Volume I of III: Ellis Island Statue of Liberty National Monument, New York-New Jersey* (U.S. Department of the Interior, National Park Service, 1984), xix.

[7] Between 1890 and 1892, immigrants arriving at New York were inspected at Castle Garden and then in a building called the Barge Office. According to Harlan D. Unrau in *Historical Resource Study (Historical Component) Volume II of III, Ellis Island-Statue of Liberty National Monument New York-New Jersey.* (U.S. Department of the Interior, National Park Service, 1984), 215-216; from 1897-1900, an annex to the Barge Office was turned into an inspection station for steerage passengers and two large houses on State Street fronting the Battery were leased for detention and hospital uses.

[8] Antoinette J. Lee, *Architects to the Nation: The Rise and Decline of the Supervising Architect's Office* (New York and Oxford: Oxford University Press, 2000), 201-202.

[9] Stakely, 38.

[10] Ibid., 40-41.

the Hospital Outbuilding and the Surgeon's House were built on Island 2. When the Hospital was finished it was staffed by the uniformed officer physicians of the U.S. Marine Hospital Service, an agency established in 1798 to provide medical care to disabled or injured merchant seamen and naval and marine personnel.[11]

Medical officers were stationed at Ellis Island as early as 1892 and examined immigrants for a number of medical conditions and contagious diseases and for mental illness and developmental disabilities. Such examinations were required under immigration law to weed out those who could not support themselves or their families and thus were likely to become public charges. Medical evaluations also were conducted in an effort to control infectious disease, especially in urban areas, and the evaluations reflect the expanding mission of the federal government in managing immigration and protecting the populace. The approach was both cautious and generous.

Although the new hospital provided a much needed service, it was too small to adequately serve the treatment needs of increasing numbers of immigrants and provided no facilities for patients with communicable diseases such as measles, whooping cough, diphtheria, scarlet fever and non-acute forms of pulmonary tuberculosis.[12] In June 1902, Dr. George Stoner, the supervising physician at Ellis Island, began lobbying for additional hospital space and the construction of a contagious disease facility. In September, the urgency increased with the New York City Health Department's decision to terminate, at an unspecified date, its contract with Ellis Island for the treatment of immigrants with contagious diseases. William Williams, Commissioner of Immigration at Ellis Island, assisted his medical staff in their lobbying efforts by citing for Congress and senior immigration officials the numbers of immigrants treated at Ellis Island. According to Williams as many as 400 to 500 people were seriously ill at any time on the island. Other sources stated that in one year more than 1,500 children had arrived with the measles or scarlet fever.[13]

In view of the New York City Health Department's announcement, the Department of the Treasury developed and implemented plans for the construction of a contagious disease hospital on a new island—Island 3. The new hospital, like the hospital on Island 2, would be operated by the U.S. Marine Hospital Service. In the late nineteenth century some U.S. Immigration Stations, including those at New York, Boston, Philadelphia and Baltimore were located near U.S. Marine Hospital Service facilities.[14] Such a hospital on nearby Hoffman and Swinburn Islands served merchant seamen and Ellis Island immigrant quarantine cases— those with typhus, the plague, yellow fever, cholera, leprosy or smallpox. This facility was unable to care for immigrants with non-quarantinable contagious diseases such as measles and scarlet fever.[15]

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[11] Fitzhugh Mullan, *Plagues and Politics: The Story of the U.S. Public Health Service* (New York: Basic Books, 1989), 14.

[12] Department of Commerce and Labor, *Report of the Commission Appointed by the President on September 16, 1903 to Investigate the Condition of the Immigration Station at Ellis Island* (Washington, D.C.: U.S. Government Printing Office, 1904), 15. Immigrants with non-communicable diseases were treated at New York City area hospitals.

[13] Stakely, 48-49.

[14] Harlan D. Unrau, *Historic Resource Study (Historical Component) Volume II of III: Ellis Island Statue of Liberty National Monument, New York-New Jersey* (U.S. Department of the Interior, National Park Service, 1984), 578 as quoted from the *Annual Report of the Supervising Surgeon-General of the Marine-Hospital Service*, 1892, 34; and Ibid., 1894, 23-24.

[15] The Hoffman Island facility served Ellis Island until the late 1930s when a new quarantine hospital was opened at Stapleton on Staten Island. Hoffman Island is a tiny land mass due southeast of Staten Island.

In 1903, to facilitate the development of Island 3 and its hospital complex, the federal government began negotiations with New Jersey to acquire submerged land around Ellis Island, and Congress appropriated $150,500 for the island's construction. However, due to legal uncertainties of title and right to build, Congress withheld funding until the issues were settled.[16] On November 30, 1904 the federal government received clear title to both Ellis Island (its ownership had also been questioned by New Jersey in the suit) and the submerged land around it, clearing the way for the construction of Island 3 and the contagious disease hospital.

Located about 500 feet from Island 2, Island 3 was built of log cribbing filled with clean soil to specifications developed by Alfred Brooks Fry, Chief Engineer and Superintendent of Repair of U.S. Public Buildings in New York.[17] The new island was originally to have been located about 800 feet from Island 2, but in consideration of issues that could arise with New Jersey over the island's placement, Commissioner Williams consulted with the U.S. Surgeon General to determine the appropriate distance for a contagious disease hospital and thus Island 3. He was advised that according to contemporary medical understanding of contagion, a maximum of 410 feet with 200 feet of clear water was ample to protect the facilities on Island 2 from the spread of disease. In addition, the Surgeon General advised that several small pavilions where diseases could be treated in isolation were preferable to a single building.[18]

In April 1905, construction began on the 800 feet long by 250 wide island. Digging a trench fifteen feet deep by thirty feet wide, the New Jersey Dock and Bridge Building Company filled it with "…more than 1.2 million cubic feet of cribwork and stones. The island was formed by filling behind the cribwork with approximately sixty thousand cubic yards of dredged material including 'cellar dirt, stones, clay, old masonry, etc.' and seventy thousand cubic yards of earth and a 'very excellent grade of sand obtained by dredging' near the island."[19] Finished in early 1906, the resulting island was 4¾ acres and increased the total mass of Ellis Island to 21¼ acres. It was connected to Island 2 by a wood gangway.

The contagious disease hospital for Island 3 was designed by the Treasury Department's Office of the Supervising Architect under the leadership of James Knox Taylor.[20] The Office of the Supervising

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[16] Letter, F. P. Sargent to Commissioner of Immigration, Ellis Island, (24 September 1903), Folder - Estimates on Construction Hospital Island 1907, Pt. 1A, Box 36, Entry 9, RG 85, NARA I.

[17] Folder 51447/044, Part 3 - Construction, New Island, 1909, Box 36, Entry 9, RG 85, NARA I. The Public Building Service grew out of two earlier organizations: the 1791 Board of Commissioners for the District of Columbia and the 1816-1867 Office of the Superintendent Public Buildings. The Office of Public Buildings and Grounds was established in 1867 and continued until 1925. These agencies governed the design and repair of federal buildings within the District of Columbia. Although the placement and organization of the Public Building Service within the federal government in 1897 is unknown, it was probably within the Department of the Treasury and may have been the official name for the repair division of the Office of the Supervising Architect. It is also possible that the public and the press confused the Office of the Supervising Architect with the Public Buildings Service.

[18] Letter, the U. S. Surgeon General to William Williams, (6 November 1902), Folder 51447/044, Pt 1, Box 36, Entry 9, RG 85, NARA I.

[19] Stakely, 51.

[20] Memo, L.O.M., Assistant Secretary to unidentified person (n.d.), Folder 51436/1-8B [1] New Contagious Disease Hospital at Ellis Island, Pt. 1, Box 34, Entry 9, RG 85, NARA I; W. Lane Van Neste, and Virgil E. Baugh. *Preliminary Inventory of the Records of the Public Buildings Service* (Record Group 121). (Washington, D.C.: The National Archives and Records Service, General Services Administration, 1958), 1-3. The Department of the Treasury was responsible for federal construction projects outside the District of Columbia, and in 1852 or 1853 the Construction Branch was organized within that agency. Early leadership was under Engineers-in-Charge. Although Supervising Architects were assigned to projects within the Construction Branch, the first Supervising Architect to head the Construction Branch was A.B. Mullett in 1865. At

Architect was responsible for the design, oversight and construction of all types of federal buildings including custom houses, courthouses, and post offices.[21] According to architectural historian Antoinette J. Lee, for decades this cohort of federal architects played an important role in molding a national building program through federal buildings "that serve[d] as the political and architectural anchors of thousands of communities nationwide."[22] James Knox Taylor (1857-1929) was born in Knoxville, Illinois and attended schools in St. Paul, Minnesota. He completed two years of architectural training at the Massachusetts Institute of Technology. Thereafter he worked for architectural firms in New York City and Boston but by 1882 had opened his own office in St. Paul. In 1884 he went into partnership with Cass Gilbert. Taylor's experience in running an architectural office and his administrative skills were assets and the firm of Gilbert & Taylor was successful, designing residences for prominent St. Paul clients. The partnership dissolved in 1892, and Taylor and his family moved to Philadelphia where he formed another partnership. The Panic of '93 adversely affected the architectural profession and by 1895, Taylor had joined the staff of the Office of the Supervising Architect as a draftsman. In 1896 he was promoted to temporary principal draftsman, and when the position of Supervising Architect became available in 1897 he was selected, serving until 1912.[23]

The design for the new hospital utilized a linear, southwest-northeast axis similar to that employed on Island 1 and Island 2.[24] Like the hospital on Island 2, the contagious disease hospital also featured the Georgian Revival style, but on Island 3 it was expressed in a simplified form appropriate to the smaller scale pavilions that comprised the complex. The contagious disease hospital featured pebble and dash (stucco) wall surfaces detailed with red brick quoins and red brick keystones and springers. Limestone was used for window sills on all buildings and for modestly scaled, but well appointed porticos on a few buildings, including the Office Building and the Staff House. The use of red brick and limestone detailing played off the red brick walls and limestone features of the Island 2 hospital complex, providing a visual connection to those larger buildings. Although the Office Building was a vital component of the complex, its small size and support functions were appropriately referenced in its massing and detailing. Ward G, and the other wards in the contagious disease hospital as well as the Administration Building, Power House and Kitchen also utilized the same materials and detailing, but these buildings were larger in scale and formed the majority of the complex's buildings. The covered but open sided, one- and two-story corridors visually and physically connected the wards and the other buildings in the complex, linking the component parts into an integrated facility.

The contagious disease hospital is an example of the pavilion plan which became a standard hospital type in the late nineteenth and early twentieth centuries. The pavilion form developed during an era when medicine viewed contagious disease as the result of miasma—stagnant air. To address this,

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an unknown date the Branch was renamed the Office of the Supervising Architect. By 1889, the Office of the Supervising Architect was organized into nine divisions including one responsible for building repairs. Re-organizations of the Office of the Supervising Architect continued into the 1930s. In 1949, the General Services Administration was established to assume the responsibilities previously held by predecessor agencies.

[21] Lee, 3.

[22] Ibid., 3-4.

[23] Lee, 197-199, 215. After retiring as Supervising Architect, he returned to private practice in Boston. He later moved his practice to Yonkers, New York and then retired to Tampa, Florida. See Henry F. Withey, and Elsie R. Withey, *Biographical Dictionary of American Architects (Deceased)* (Los Angeles: Hennessy & Ingalls, Inc., 1970), 592.

[24] Memo, L.O.M., Assistant Secretary to unidentified person (n.d.), Folder 51436/1 - New Contagious Disease Hospital at Ellis Island, Pt. 1, Box 34, Entry 9, RG 85, NARA I.

pavilion plan ward design included abundant ventilation in the form of ample windows and doors. Ward care became not only the standard of care because of its ability to disperse miasma, but because it was the most economical method of treating people who could not afford private, in-home treatment. In addition to the patient wards, the pavilion plan included separate but attached structures for administrative and support functions. The Office Building is domestic in scale and form but was attached to the corridor system not long after its completion.[25]

Although good air circulation was beneficial, it could not prevent the spread of contagion. Between the 1880s and the early 1900s, scientific advances in research and hygiene showed that microscopic organisms were the cause of contagious disease and infection.[26] As this theory became established in the early twentieth century, the large, open ward spaces found in pavilion plan hospitals were modified into small, private and semi-private rooms where infectious patients could be isolated or grouped with others suffering from the same illnesses.[27] At the same time, an increasing number of laboratory tests for contagious disease developed and with this advance, diagnoses became more accurate. Reflecting this trend, laboratory activities became an increasingly important activity in the Office Building by the 1930s.

Congress appropriated $250,000 in 1905 for the contagious disease hospital, but that amount was insufficient to complete all the needed facilities. Opinions among immigration and medical officials and government architects, as well as congressmen, differed in regard to needed facilities and funding, but a primary goal was to build a complex capable of meeting medical needs for the foreseeable future and in so doing avoid the need for additions or extensions as had been required with the hospital complex on Island 2.[28] Discussions among immigration officials in 1906 expressed concern that to build piecemeal could jeopardize the facility's function. To stay within the approved amount of $500,000, officials recommended eliminating luxuries, but not space or other necessities.[29] But despite these factors, funding was supplied in increments and ultimately increased. The first group of buildings was constructed under a December 1906 contract awarded to the North-Eastern Construction Co. Buildings were built in three phases and the complex finished in 1909, except for electrical issues that delayed the opening of the hospital until 1911.[30]

Buildings constructed during the first phase in 1907 were the Administration Building, the Kitchen, Power House and Laundry and Measles Wards A, B and E.[31] These structures were complete in

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[25] Annmarie Adams, *Medicine by Design: The Architect and the Modern Hospital 1893-1943* (Minneapolis, MN: University of Minnesota Press, 2008), 9-10.

[26] Mullan, 32.

[27] Adams, 113. Although the private or semi-private room eventually became the norm, Adams notes that the poor continued to receive care in ward settings.

[28] Stakely, 64.

[29] Memo, F. H. Larned to Bureau of Immigration and Naturalization, (15 December 1906), Folder 51436/1-8A, Box 33, Entry 9, RG 85, NARA I.

[30] Unrau, 1981, 528-530.

[31] Although eight wards were called measles wards, they were intended and were used for treatment of acute contagious diseases including measles, whopping cough, diphtheria and scarlet fever, among other illnesses.

November 1907.[32] The erection of Measles Wards C, D and G, Isolation Ward L, the Staff House, Mortuary, and some corridors followed immediately. The Office Building cost $14,945.00 and was erected in 1908 during the third and last phase of the contagious disease hospital's construction.[33] The work was conducted under an August 30, 1907 contract which also included Wards F, H, K and I and was based on North-Eastern Construction Co.'s low bid of $298,405.60 submitted August 1, 1907.[34] In the spring of 1909, the contagious disease hospital was completed and contained seventeen buildings. However, the complex lacked equipment and furnishings, as well as a tie to electricity on Island 1 and these matters delayed its opening until 1911.[35]

The Office Building's central hall plan originally included first floor general and doctor's office spaces, a medical library and a dispensary. The second floor housed a laboratory, used primarily for standard specimen examination and pathological study, pharmacy, and pharmacist's living areas. The half-story attic is open and was likely used for storage. The construction of the new contagious disease hospital between 1907 and 1909 falls within the peak years of immigration at Ellis Island - 1900 through 1914. The number of immigrants needing medical care rose in conjunction with the increase in immigration overall. More than one million people passed through the facility in 1907, and on April 17, 1907, 11,747 immigrants arrived at Ellis Island, the largest number in a single day.[36] The previous year 563 people were ill at Ellis Island and 1,990 immigrants had to be admitted to New York City hospitals for care due to lack of facilities.[37] At the new hospital physicians with the U. S. Marine Hospital Service were now better equipped to deal with their steady influx of new patients.

After opening the contagious disease hospital in 1911, fill was added around the first set of buildings erected, and a lawn planted. In 1912, additional landscaping was added to Island 3 in the form of a lawn on the north side of the island; the south exposure was not landscaped and remains so today.[38] Although concrete walks were planned for Island 3, they were not installed, and in 1913 cinder walks were substituted. Congress appropriated funds in 1914 to install windows and doors in the one- and two-story portions of the open corridors that linked Island 3 buildings. One-story corridor connecting the

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[32] Letter, A.B. Fry to North-Eastern Construction Co. (n.d.), Folder 51436/1-8D - New Contagious Disease Hospital, Ellis Island, North-Eastern Construction Co., Box 34, Entry 9, RG 85, NARA I.

[33] Folder 51436/1-8C (pt 1) - New Contagious Disease Hospital at Ellis Island, Box 34, Entry 9, RG 85, NARA I.

[34] Letter, F. P. Sargent to Commissioner of Immigration at Ellis Island, (30 August 1907), Folder 51436/1-8C - New Contagious Disease Hospital, Ellis Island, North-Eastern Construction Co., Box 34, Entry 9, RG 85, NARA I.

[35] Stakely, 65. It is interesting to note that contracts for the contagious disease hospital buildings, like many other government funded buildings of the time, did not include specifications for plumbing, electricity, heating or equipment and furnishings. These items were handled under separate contracts. In some cases this approach caused delays in completing buildings because installation of plumbing, electrical and heating systems is integral to efficient building construction. This situation may have been a relic of earlier periods when indoor plumbing was rare, heating was provided by fire places and stoves, and electricity unavailable.

[36] Unrau, *Volume I,* 1984, xix.

[37] Letter, Robert Watchorn, Commissioner of Immigration at Ellis Island to F. P. Sargent, Commissioner General of Immigration.,(n.d.), Folder 51436/1-8B - New Contagious Hospital at Ellis Island, Part 1, Box 34, Entry 9, RG 85, NARA I.

[38] Stakely, 65.

Office Building to the rest of the complex appears to have been built between 1909 and 1914; a simple stoop with three steps appears on the original drawings.[39]

In 1914 the start of World War I in Europe significantly reduced immigration, and after the United States entered the war in 1917, immigration slowed even more. The number of people arriving at Ellis Island in 1915 was 178,416, but by 1918 only 28,867 immigrants passed through the facility's doors.[40] During that period Ellis Island was mainly used as a military hospital and detention and deportation facility for enemy aliens including German merchant seamen taken from ships in New York and Boston harbors when the United States entered the war.[41] In 1918-1919, while the U.S. Army occupied the hospital complex as a facility for wounded military personnel, the Army replaced the wood gangway between Island 2 and Island 3 with a covered wood walkway.[42] They also extended it along the western perimeter of Island 3.[43] During this time, immigrants needing care were placed in New York City area hospitals. The majority of wounded World War I military returning from Europe were processed through Ellis Island; it was the first World War I "debarkation hospital" established in the United States.[44] In 1919, the hospitals at Ellis Island were returned to the U.S. Public Health Service which continued to operate them until they closed in 1951.[45]

Following World War I, officials at Ellis Island were charged with implementing changes in immigration law established by the Immigration Act of 1917, which included additional categories for exclusion of immigrants such as illiteracy and more extensive medical examinations. The anti-foreign concerns of the war years were replaced by fear of communism and expressed in the "Red Scare," a period of hysteria in which suspected alien communists, anarchists, socialists and radicals were targeted for deportation. As National Park Service historian Harlan Unrau noted "Hundreds of suspected alien radicals were interned at Ellis Island and many were deported under new legislation based on the principle of guilt by association with any organization advocating revolution."[46]

The early 1920s saw an additional reduction in immigration with new federal immigration legislation in 1921 and 1924. The legislation limited annual immigration and established quotas based on a percentage of each group resident in the United States in 1910; the percentage was later revised to figures for 1890.[47] Because of rising literacy in Europe, the 1917 requirement that immigrants be literate

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[39] NPS Drawing No. 462/43, 909, Sheet 1, (23 June 1909). "Plan of Proposed Grading and Sidewalks for the Contagious Disease Hospital Island."

[40] Unrau, *Volume I,* 1984, 7.

[41] Ibid., xx.

[42] Stakely, 65.

[43] Beyer Blinder Belle/Anderson Notter Finegold. *Ellis Island Statue of Liberty National Monument: Historic Structures Report Units 2, 3 and 4,* Volume 4, Part 3. (U.S. Department of the Interior, National Park Service, 1988,), 437.

[44] Unrau, *Volume III*, 1984, 795-796.

[45] The U.S. Marine Hospital Service provided care for merchant seamen and other related occupations in hospitals around the country. The U.S. Public Health Service also operated hospitals, including care facilities on Indian reservations, and provided other public health services.

[46] Unrau, *Volume I*, 1984, 8.

[47] Unrau, *Volume I*, 1984, xx.

in some language rapidly became ineffective as a means to curb immigration. The new quota system proved more effective.[48] The legislation of the early 1920s also stipulated that immigrants obtain a visa in their home country through examination at American consulates so that those found to have contagious diseases, physical handicaps, mental illness or "feeblemindedness" could be barred from departure and spared the expense of travel only to be turned away at Ellis Island. This process resulted in far fewer people arriving at Ellis Island, and transport to the facility was needed only for those requiring medical assistance or who were being detained for some other reason.[49] Because of declining immigration by the mid-1920s, Ellis Island was "…rapidly losing the basic function for which it had been created—the primary examination and processing of immigrants."[50] Most immigrants were "pre-processed" before leaving home with final checks conducted on board the ships.

With the smaller number of immigrants treated at the hospitals on Ellis Island, those facilities had room for non-immigrant patients. Beginning in 1926 physicians at Ellis Island began intensive examination of alien merchantmen taken from both American and foreign vessels. Within the first month, 48,031 sailors were intensively examined and 209 sent to Ellis Island for testing and diagnosis. Federal legislation required that those with communicable diseases be confined to a hospital for the duration of their ship's stay in port, which led to hospital overcrowding, despite the limited number of immigrants. The U.S. Marine Hospital on Hoffman's Island was the designated merchant marine hospital for New York, but Ellis Island handled the overflow, resulting in a greater number of seamen patients than immigrants.[51]

Also during this period, the contagious disease facility treated tuberculosis patients from New York City's general population; by 1930, 254 tuberculosis patients had been sent to Ellis Island. Although there were many empty beds at the start of this program, additional space was soon needed. To accommodate the new patients, second floor corridors of Island 3 patient wards were used for ward care, adding an additional 40 beds to the facility.[52]

During this period, many of the oldest buildings needed repairs due to years of heavy usage. Various upgrades were made to buildings including changes to plumbing and electrical systems in the Office Building.[53] By January 1924, the first floor of the building was converted to housing for male nurses, and pharmacy and laboratory uses occupied the remainder of the building.[54]
In addition, changing ideas about the need for exercise and recreation by both immigrants and staff members spurred interest in constructing more recreational facilities. In 1923, the Bureau of Immigration requested more than $2.5 million for a new seawall, recreational facilities, and infill of the water between Island 2 and Island 3. This amount was not approved although the next year partial funding was

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[48] Thomas M. Pitkin, *Keepers of the Gate: A History of Ellis Island* (New York: New York University Press, 1975), 38.

[49] Of course not all such cases were identified and need for examinations and medical assistance at Ellis Island continued.

[50] Unrau, *Volume III*, 1984, 896.

[51] Ibid., 920.

[52] Unrau, 1981, 290, as referenced from the *Surgeon General's Annual Report*, 1930. These beds were likely adjacent to the three isolation wards at the southeast end of Island 3.

[53] Stakely, 77.

[54] Beyer Blinder Belle/Anderson Notter Finegold, *Volume 4, Part 2,* 234.

provided. Infill of the space between Island 2 and Island 3 began, although it was not finished until the 1930s (Figure 4).

After the stock market crash in October 1929, economic opportunities in the United States were limited, and President Herbert C. Hoover instructed American consuls to strictly apply rules preventing the immigration of people likely to become public charges. Further, Secretary of Labor William N. Doak organized "…a national roundup of illegal aliens for prospective deportation and transferred many of them to Ellis Island."[55] The roundups were sensationalized by the press, leaving the impression that illegal aliens were dangerous or subversive, and stirring the kettle of anti-immigrant feelings toward legal immigrants.[56]

In 1931, perhaps as a counter action to the xenophobia displayed by some American authorities, the press and a portion of the public, Edward Corsi became Ellis Island's new Commissioner of Immigration, remaining in that post until 1934. Corsi was himself an immigrant who had come through Ellis Island in 1907. His professional life involved extensive social service work among New York City immigrants. A major emphasis of his time as commissioner at Ellis Island was to humanize the immigrant experience and make the facility an "inspiration" to both Americans and to immigrants.[57]

When President Franklin D. Roosevelt took office in 1933, new programs and new funding sources were established to create jobs, construct public buildings, and support social and economic development. Known as the New Deal, these programs included funding under the National Recovery Act from sources such as the Public Works Administration (PWA) and the Works Progress Administration (WPA). The Department of Labor supervised immigration at this time, and under the leadership of new Secretary of Labor Frances Perkins, formed a 52-member nonpartisan citizen committee to analyze the conditions, operations and facilities at Ellis Island. The goal was to improve the physical plant and the immigrant experience and evaluate immigration law with a view toward fairer and more effective rules. Corsi worked closely with the committee and many of his ideas were incorporated into the committee's March 1934 report to the Secretary of Labor.[58] Among those implemented were recommendations for adding lawn and shelters in the infill area between Island 2 and Island 3, construction of a new immigration building to receive incoming immigrants, and alterations to the Main Immigration Building, the nearby Baggage and Dormitory Building and other related buildings to better segregate the types of deportees being processed and housed there.[59] While some deportees were criminals, others were ill or had other medical issues, and some had found that they could no longer make a living in the United States within the economy of the Great Depression.[60] Corsi recalled in his memoirs

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[55] Unrau, *Volume I*, 1984, 9.

[56] Unrau, *Volume III*, 1984, 930.

[57] Stakely, 79.

[58] Edward Corsi, *In the Shadow of Liberty* (New York: Arno Press and the New York Times, 1969), 310.

[59] Report on the Sub-Committee on Buildings, Grounds, and Physical Equipment for Ellis Island, (13 September 1933), Folder 330 - WPA Projects 1933-1937, Box 16, Record Group 79 - Records of the National Park Service, NARA - Northeast Region, New York City (hereafter RG 79, NARA – NE Region).

[60] Stakely, 79, 81.

that in 1932, for the first time in more than a hundred years, more people left the United States than entered it.[61]

Other recommendations included construction of a new brick "fire-proof" ferry building, a new recreation building, and verandas on tuberculosis ward buildings.[62] Although Island 3 ward buildings were renovated between 1936 and 1939 for new uses as detainee quarters and psychological observation wards, specific changes made to the Office Building are undocumented. The building appears to have continued its functions as nurses' quarters and laboratory space until the hospital complex closed in 1951. However, changes to doorway and window openings and the installation of new millwork in some rooms appear to date to the late 1930s or early 1940s, as do built-in cabinets in the first floor, west side rooms.

Between 1939 and 1946, the U.S. Coast Guard utilized several buildings at Ellis Island for training including the New Immigration Building, a portion of the Baggage and Dormitory Building on Island 1, and several hospital buildings on Island 2 and Island 3. During World War II, the Ellis Island hospitals housed wounded servicemen. Following World War II, Ellis Island again processed and treated sick or injured immigrants as well as detainees and deportees.

On March 1, 1951, the U.S. Public Health Service closed the increasingly obsolete hospitals on Island 2 and Island 3 due to the declining number of patients. However, the Public Health Service maintained a small infirmary for detainees in the Main Immigration Building.[63] Between 1951 and 1954, the Coast Guard again conducted activities at Ellis Island and may have used the Office Building for storage or other functions. Any changes made by the Coast Guard during that time are unidentified. On November 12, 1954, Ellis Island closed, and both immigration and Coast Guard operations ceased. Equipment and fixtures, including plumbing, were removed from many buildings and distributed to other federal entities including border patrol offices, federal prisons, the public health service, the military and the General Services Administration.[64] From 1954 until 1965, Ellis Island was under the control of the General Services Administration, which sought to sell or lease Ellis Island.[65] After several unworkable proposals, the island was placed under the jurisdiction of the National Park Service and on May 11, 1965, President Lyndon B. Johnson issued Proclamation 3656 adding the island to the Statue of Liberty National Monument.[66]

II. ARCHITECTURAL INFORMATION

A. General Statement:

1. Architectural character: The Office Building is 2½-stories high and similar in scale and form to a suburban four-square house of this period. Although a distinctive element within the Georgian Revival contagious disease hospital complex, the building's form, materials, and detailing are consistent with the surrounding institutional architecture. Exterior walls are finished with original pebble and dash (medium aggregate) stucco, red brick and limestone detailing, and topped with a

[61] Unrau, *Volume III* 1984, 935.

[62] *Report of the Ellis Island Committee*, (March 1934), 13-17.

[63] Stakely, 92.

[64] Unrau, *Volume III*, 1984, 1002.

[65] U.S. Senate, 89th Congress, 1st Session. *Report No. 306. Disposal of Ellis Island.* (Washington, D.C.: U.S. Government Printing Office, 1965).

[66] Unrau, *Volume I*, 1984, 11.

pyramidal roof pierced with bull's eye dormers. The building retains its original exterior form, materials and detailing, its central hall plan, and much of its historic interior materials and finishes including wall and ceiling plaster, ceramic, glass and metal light fixtures, metal door and window hardware, and wood door and window units and glazing.

2. Condition of fabric: Fair. The Office Building was altered in the 1920s when the first floor was converted to nurses' quarters and the second floor pharmacist's quarters modified as additional laboratory space. Later alterations, perhaps made in the 1930s or early 1940s, include removal of some interior window and door molding and casing of those openings with plaster. Interior plaster, wood flooring and wood window elements as well as wiring and plumbing systems are deteriorated.

B. Description of Exterior:

1. Overall dimensions: 35'-1" x 35'-7"

2. Foundations: The building is raised approximately four feet above grade on a dressed granite block base, topped by several feet of red brick laid in common bond and capped with a brick solider course water table. Decorative cast iron crawlspace doors are on the east and west portions of the south elevation. The crawlspace was not accessed.

3. Walls: Exterior walls are pebble and dash (medium aggregate) stucco detailed with brick quoins. A flat brick cornice encircles the building just below the roof junction. The walls rest atop the brick water table and the granite block base.

4: Structural system: The building rests on a foundation of sixteen inch concrete pilings and footings.[67] Walls are load bearing brick and hollow clay tile. The roof utilizes a system of wood beams and rafters.

5. Portico: A formal limestone portico projects from the center of the north façade. This flat roof structure has a Classical entablature featuring triglyphs and metopes in the frieze, banded columns and pilasters, and dentils supporting a simple cornice and parapet. Seven curved dressed granite stairs lead from the front entry and are flanked by joggle-jointed low balustrade granite walls. A mid-twentieth century poured concrete step is at the base of the stone staircase.

6. Chimneys: One interior red brick chimney with limestone coping pierces the roof on the south elevation. This chimney serves the fireplaces in the first-floor rooms on the west side.

7. Openings:

a. Doorways and doors: A plywood door with plexiglass window and louvered metal vent encloses the front entry and is mounted on the outside of the doorway that houses the extant original wood and glass panel entry door. The front entry door is a one-leaf two panel wood and wire glass door set in a beaded wood surround and a wide, plain wood reveal.[68] The door has an iron, self-closing mechanism. Evidence of a screen door is present in the outlines and holes left by hinge and hook elements. Flanking the door are fixed pane sidelights enclosed with clear glass set atop carved wood panels. A set of three fixed pane transom windows is above the doorway, and the original dressed granite block sill topped with a waffle pattern iron threshold is below it. The

[67] NPS Drawing No. 462/43,902F, Sheet 7 of 9, (18 August 1906). "Office Building, Foundation, First and Second Floor Framing."

[68] The wire glass is likely a replacement dating from the 1930s.

front entry door opens onto a small entry vestibule, which is enclosed on its south wall by the same type of door-sidelight-transom unit used on the front entry.

The same door and opening treatment defines the rear (south) entry, although no self-closing mechanism is present. A concrete three-panel lintel with a brick keystone is above the rear doorway opening. The threshold is poured concrete located over the original, which is no longer clearly visible.

b. Windows: Each elevation is divided into three bays each containing two over two double hung wood sash windows set in pebble and dash reveals and resting on limestone lug sills. Recessed pebble and dash spandrels demarcate the space between first and second floor openings. First floor windows are detailed with red brick keystones and second floor windows feature segmental pebble and dash arches with red brick keystones and springers. The second floor window in the center of the north façade over the portico is cased in a limestone surround and finished with a limestone keystone and volutes.

A small, narrow, fixed pane wood frame casement window on the southwest elevation reflects the location of a first floor quarter bath; it features a slate lug sill. The stairway landing between the first and second floors features tandem, fixed pane, wood frame casement windows, and the landing between the second floor and the attic has wood frame pivot windows. All windows are enclosed on the exterior with plywood or particle board covers that are pierced by plexiglass windows and louvered metal vents. Most windows retain original clear glass, however bathroom windows have decorative privacy glass. Three window openings, one on the first story, east elevation center, and two on the west elevation center, first and second floors, are blind windows enclosed with pebble and dash stucco, an original treatment shown on the 1906 plans. Window screens were installed on all buildings on all islands in 1938 under a contract let to the Zero Weather Stripping Co. of New York City.[69] Modifications to window sashes and masonry doorways were made to accommodate screen installation.[70]

8. Roof:
a. Shape, covering: Pyramidal; covered with the original, restored red clay tile roofing, raised tile ridgelines and terracotta finial at the roof apex.

b. Cornice, eaves: Open, wood eaves, detailed with attached, non-structural, carved rafter ends. Eave trim is masked by round bottom copper gutters attached to PVC downspouts. Two remnants of the original roof drainage system remain: a square iron downspout and a round iron downspout.

c. Dormers: A wood frame, copper-trimmed, bull's eye dormer is on the east side and another is on the north side of the pyramidal roof. They contain top-in, bottom-out single pane wood frame pivot windows set in deep wood reveals.

C. Description of Interior:
1. Floor plans: See measured drawings HABS No. NY-6086-M for complete plans of this building. The 2½-story building has a two-room deep central hall plan. The interior spatial arrangement is oriented around the north-south axis of the center hall and its terminal front (north) and rear (south)

[69] Beyer Blinder Belle/Anderson Notter Finegold. *Volume 4, Part 2,* 228.

[70] Letter, Albert & Harrison to District Commissioner of Immigration and Naturalization at Ellis Island, (27 July 1937), Folder 421 - Miscellaneous Correspondence and Notes, 1933-1954, Box 25, RG 79, NARA – NE Region.

entry doors. A centrally located interior stairway provides access to the second floor and the attic. The first floor has an entry vestibule enclosed by the exterior front door and an interior door leading to the central hallway. In addition to the four primary rooms on each floor, a small bathroom is located at the southwest corner of the first floor, with a quarter bathroom directly west of it. Another bathroom is at the center front (north) of the second floor, directly above the entry vestibule. An under-stair closet on the first floor provides access to the crawlspace. The attic forms the top half-story and is one large space with exposed roofing rafters and beams.

2. Stairways: An interior stair in the central hall provides access from the first floor to the second floor and from the second floor to the attic. These are closed dog-leg stairs with half pace landings. The lower portion is supported by a concrete stair carriage detailed with recessed concrete panels. Tinted concrete treads sit on concrete risers. An iron balustrade with carved oak banister leads to the second floor. The attic portion of the stair does not have carriage detailing or handrails. Original plans specify slate treads and landings; current types are concrete.

3. Flooring: The Office Building has wood plank flooring in all rooms except the bathrooms, stairs, landings and attic. The wood planking is laid over a subfloor of poured concrete or rough granite blocks that incorporate metal tie rods and wood joists. The wood plank flooring is deteriorated in several places and appears to have been replaced in the first floor, east side rooms. All wood flooring is laid front to back (north-south). Some second floor rooms have linoleum tile laid in a diamond pattern installed over the wood plank flooring. Wood thresholds are found in some door openings between rooms, while marble thresholds are used in bathroom doorways. The front entry features a dressed granite threshold topped with a waffle patterned iron plate.

Bathroom flooring is hexagonal white ceramic tile and is in good condition; it likely dates from 1934. In 1934, the flooring and marble wainscot in the bathrooms of some Island 3 buildings were replaced with tile. Attic flooring is a poured concrete slab. A curb-like structure trails across the attic floor from above the rear, east side, second floor room to the west exterior wall and houses the vent pipe for the hood and vent found in that room. The under-stair closet contains an open hatch that accesses the crawlspace. Framed with wood, the opening no longer has its cover.

4. Wall and ceiling finish: Plaster walls and ceilings laid on hollow clay tile are present throughout the building, except for the attic where the unfinished walls and ceiling display structural wood roof members. Wall and ceiling plaster has spalled in areas; some walls have plaster patches. The walls and ceilings of most rooms in the building were modified in the 1930s and 1940s when original wood door and window moldings and deep reveals were removed and cased treatments installed. Original wall mounted cabinets also were removed at an unknown time, but probably prior to the mid-1930s. The original wood frame, double hung sash windows remain however, and to accommodate them, walls and ceilings in the east side rooms were replastered making rooms about six inches smaller overall. Two second floor rooms have coved plaster detailing at the wall and ceiling junction. Original baseboards in the Office Building are wood with molded caps approximately six inches high, while those in replastered rooms are about two inches high and are have no decorative detailing or caps.

Bathroom walls are finished with white ceramic subway tile to about three-quarters of wall height with plaster completing the upper wall surfaces. Coved subway tile is used at the junction of floors and walls. Installation of tile likely occurred in 1934. Plaster wall areas in the bathrooms appear to have been resurfaced to accommodate modified window and door surrounds and reveals in those rooms. The six-inch-high baseboards typically retain non-original paint with their original shellac finish visible in some areas beneath the paint. The two-inch-high baseboards are typically painted. Some plaster walls contain holes where now removed sinks or shelving were formerly located.

5. Openings:

a. Doorways and doors: Doorways are of three types within the building. A few doorways - in the central hallways, front entry, entry vestibule and under-stair closet - retain original beaded wood surrounds detailed with square block motifs at the outside top corners and wide, plain wood reveals. Other doorways have plaster-cased openings devoid of trim, and a few doors have plaster cased with ca. 1940 beaded wood trim. Two wood frame screen doors survive on first floor room doorways; hinge and hook latch holes indicate the presence of other first floor screen doors now removed. Five-panel wood doors enclose most interior doorways; a few doors have been removed. In some cases removed doors are propped against room walls. Bathroom doors are two-panel wood and glass types with privacy glass located in the top half of the doors and five panel wood types. A doorway between the front and rear rooms on the west side has been enclosed; originally this opening was between the doctor's office and library.

b. Windows: Windows are recessed into interior wall surfaces and have one of three types of detailing. Original window trim features painted beaded wood surrounds finished with block motifs at the outside top corners and wide, plain wood reveals. Modified windows retain their deeply recessed position, but are within plaster cased openings devoid of trim. Other modified windows also retain their recessed treatments, but are trimmed with painted plain surrounds and reveals and trimmed with painted quarter-round molding at the junction of reveal and surround. Sills are wood lug types and most project slightly into the room; most are painted. Bathroom lug sills are projecting marble or slate. Window modifications occurred at unknown dates, but probably were implemented during the room modifications of the 1920s and 1930s.

6. Decorative features and trim: Red brick fireplaces are located back to back in the first floor west side rooms and share a common chimney. The front room fireplace retains its red brick flat arch lintel, a red brick hearth and wood trim. These elements are missing from the rear room's fireplace. The rear room's fireplace, in what was originally the doctor's library, had a slightly more elaborate, no-longer-extant, mantel and surround than the front room. The original plans show it as detailed with beaded molding and dentils. The rear, west side, first floor room has ca. 1940s built in wood cabinets flanking the fireplace. One of these cabinets replaces a door opening indicated on the 1906 plan. The west side front room has a ca. 1940s cabinet adjacent to the fireplace. Historic wood cabinets now located in second floor rooms appear to have been moved from the first floor dispensary. Two second floor rooms include a variety of non-original wood shelves. Beaded wood picture railing is mounted on most walls of most rooms and the central hallways in the Office Building. A variety of wall-mounted mirrors are found in the bathrooms and a wood-peg clothes rack is in the second floor bathroom.

7. Hardware: Historic brass or bronze hinges, latches, door pulls and recessed metal window pulls survive, as do metal curtain and shade brackets. Deteriorated cloth roller shades survive on some windows; these probably were installed in the 1940s. Original and historic metal door hardware remains, including loose pin hinges, strike plates, push button locks, oval knobs and plates, and interior key locks on exterior doors. A circa 1940s metal toilet paper holder is located in the first floor primary bathroom; other bathrooms include a dismantled brass towel rack, and a wall-mounted brass hook.

8. Mechanical equipment:

a. Heating, ventilation: Metal radiators are located in each room in the Office Building, in the first floor central hall, as well as on the stair landing between the first and second floors. Some radiators may be original, while others probably are replacements installed prior to 1940. Ventilation was provided by door and window openings and the attic dormers. Screen doors were

located on primary first floor room doorways, and on the front entry and the vestibule doorways to capitalize on the building's central hall plan. A metal hood and vent opening is located in the ceiling of the rear, east side, second floor room, which originally was a laboratory space.

b. Lighting: Ceiling mounted electric light fixtures feature ceramic, glass or metal shades supported by metal brackets. Ceiling fixtures include both one- and two-bulb types and probably date to the 1930s. Wall mounted sconces are single bulb, oval ceramic fixtures and date to early the 1930s electrical upgrades. Metal light switch plates feature push button or lever mechanisms; sconces operate with metal pull chains or cord. Electric plugs are located in the lower walls of building rooms and include a round plate type that probably dates to the building's construction, and a later square plate type that likely was installed prior to 1940. Metal electrical panel boxes of unknown date, but probably pre-1940, are located on the west walls of the first and second floor central hall.

Electrical upgrades made to all Island 3 buildings in 1932 included wiring and fixture upgrades in the Office Building.[71]

c. Plumbing: Plumbing upgrades were made in 1923 to Island 3 buildings including water supply lines and salt water lines used to flush toilets.[72] In 1932-1933, plumbing fixtures and fittings were replaced.[73] In 1934, new marble, tile and toilet partitions were installed in some Island 3 buildings by contractor A. Blaustein of New York.[74] Existing bathrooms and fixtures probably date to the 1920s and 1930s renovations, except the single leg porcelain sink in the first floor bath, which may date to the 1920s. The primary first floor bathroom contains a wall mounted single leg porcelain sink with metal faucets, and a porcelain toilet with painted wood seat and decorative metal hinge. The first floor quarter bath has a wall mounted porcelain sink with metal faucets. The second floor bath contains a wall mounted porcelain sink with metal faucets, an angled porcelain toilet with broken wood seat, and a porcelain enamel claw foot tub with metal faucets. Slate utility sinks are located in both rear second floor rooms. Cast iron and galvanized pipes and fittings serve the bathroom fixtures and the slate sinks. Other galvanized pipes of unknown use protrude from interior walls in various locations. Galvanized/cast iron pipes and fittings service the radiators.

d. Other: A metal telephone switch box of unknown date, but likely pre-1935, is mounted on the entry vestibule wall just above the baseboard. Two wall mounted metal boxes bearing the words "Crouse-Hinds patent issued" are present in two second floor rooms. Metal pipes and possibly apparatus for natural gas marked "Mueller 34th Street" and a small electrical box are in the former laboratory room at the rear on the east side of the second floor.

D. Site:

1. Historic Landscape Design: The Office Building is tucked into the southwest corner of Island 3 between Measles Ward G to the east and the Mortuary to the southeast. The Office Building faces north and its south (rear) elevation connects with a one-story covered passage that intersects the two-

[71] Specifications and Contracts, 1898-1955, Folder 161, Box 7, RG 79, NARA – NE Region.

[72] Harlan D. Unrau, *Ellis Island Statue of Liberty: Historic Structure Report (Historical Data)* (U.S. Department of the Interior, National Park Service, 1981), 539.

[73] Unrau, 1981, 555.

[74] Ibid., 560.

story covered corridor that links the buildings in the Island 3 hospital complex. Photographs dating 1907 show the adjacent contagious disease wards surrounded by open, grassy space; the roof of the Office Building is visible in some images. No clear view of the Office Building has been identified in any known historic photographs. Mature sycamore and oak trees now are found around the Office Building and other Island 3 buildings enhancing the park-like setting of the contagious disease hospital complex.

2. Corridors: A system of covered corridors connects the buildings in the hospital complex on Island 3. A one-story corridor is adjacent to the Office Building on its south elevation and provides covered access to other hospital buildings. This segment has no identifying designation, but is now considered part of section C9A. It appears to have been built around 1914, replacing a simple staircase and stoop, and was probably built with enclosing windows and doors.[75] The corridor has a flat, sheet metal roof, pebble and dash stucco walls detailed with a brick water table and a sloping brick soldier course cap set on a dressed granite block base. The corridor walls are divided into five bays on each side, each pierced with large openings topped by pebble and dash flat arches and supported by poured concrete bulkheads detailed with double panels. The openings are temporarily enclosed with particle board featuring, for light and ventilation, fixed pane plexiglass windows and louvered metal vents. No windows are present in the openings. Historically, the window openings were probably enclosed with four over four steel frame pivot windows located within a larger steel frame of either 22 or 20 fixed pane lights shown on corridor plans drawn in 1914. The corridor adjacent to the Office Building attaches to the one-story corridor accessing the Mortuary and Power House and to the two-story corridor that stretches east connecting the ward buildings. The west end of the one-story corridor segment that accesses the Power House and Mortuary was modified in 1934-1935 with construction of a reinforced concrete ramp to transition the grade difference between its elevated floor and the 1934-1935 corridor that runs along the west side of Island 3.[76]

III. SOURCES OF INFORMATION

A. Architectural drawings: A computerized Drawings Index System for all types of Ellis Island architectural and engineering drawings is located at the Technical Information Center (TIC), Denver Service Center, National Park Service, U.S. Department of Interior. Historic drawings are digitized and available at http://etic.nps.gov. Eight 1906 drawings for the Office Building were located, showing plans, elevations, sections and details. No plans for alterations were located. A number of site plans showing Island 3 and the contagious disease hospital also were located. The drawings most useful in preparing this report were:

NPS Drawing No. 462/43,901, Sheet 1 of 1, 1906, "Contagious Disease Hospital" [site plan]
NPS Drawing No. 462/43,902F, Sheets 1 - 9, "Office Building," [original plans, elevations, sections, details] (18 August 1906)

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[75] NPS Drawing No. 462/43, 909, Sheet 1, (23 June 1909). "Plan of Proposed Grading and Sidewalks for the Contagious Disease Hospital Island;" and Beyer Blinder Belle/Anderson Notter Finegold. *Volume 4, Part 3,* 438. The Office Building was constructed in 1908, and although by 1909 the corridor connecting the ward buildings with the Mortuary and the Power House, was constructed as far as the end of the Power House, the connecting corridor segment from the Office Buildings does not appear to have been constructed at that time. NPS Drawing [no. N/A], (24 December 1913) "Block Plan Showing Relative Locations of Buildings, Corridors, Etc., on the Three Islands" shows the location of the corridor as a pipe tunnel.

[76] NPS Drawing No. 462-43,959, Sheet 3 of 6, (17 March 1932). "Repairs to Covered Way."

NPS Drawing No. 462/43,912, Sheets 1-7, "Inclosing [sic.] Corridors," (12 March 1914)
NPS Drawing No. 462/43, 909, Sheet 1, "Plan of Proposed Grading and Sidewalks for the Contagious Disease Hospital Island," (23 June 1909)
NPS Drawing No. 462/43,920 Sheet 2 of 2, "Hospital Buildings, Island 3" (21 May 1928) [floor plans]

B. Early Views: Although many views of buildings in the contagious disease hospital are included in the Record Group 121-BCP, Records of the Public Building Service, Prints: Photographs of the construction of Federal Buildings, 1885-1954, (Still Picture Branch, National Archives and Records Administration, College Park, MD) no unobstructed view of the Office Building has been identified in any known historic photographs.

C. Bibliography:

See notes for a listing of relevant archival materials from Record Groups 79 and 85 at the National Archives and Records Administration in New York City (Northeast Region) and Washington, D.C.

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IV. PROJECT INFORMATION

Documentation of the Office Building, and other selected structures on Ellis Island was undertaken by the Historic American Buildings Survey (HABS), within the Heritage Documentation Programs (HDP) of the National Park Service (Catherine C. Lavoie, Chief, HABS; Richard O'Connor, Chief, HDP) during the summer of 2009. The project was sponsored by Statue of Liberty National Monument, David Luchsinger, Superintendent. Field recording and measured drawings were completed by Paul Davidson, HABS Architect and Project Supervisor; and Architects Sara Dewey (University of Maryland), Luis Pieraldi (Metropolitan University of Puerto Rico), Michael Sandbury (Kent State University), and Thomas Sheridan (Rhode Island School of Design). HAER Architect Dana Lockett and HABS Architect Robert Arzola served as Project Leaders. Diane E. Williams served as project historian with guidance from HABS Historian Lisa Pfueller Davidson. HAER Photographer Jet Lowe and HABS Photographer James Rosenthal completed large-format photographs during 2009. Assistance was provided by the staff of Statue of Liberty National Monument, particularly Diana Pardue (Chief, Museum Services Division), Richard Holmes (Archaeologist), and Don Fiorino (Historical Architect).

V. SUPPLEMENTAL MATERIAL - ILLUSTRATIONS

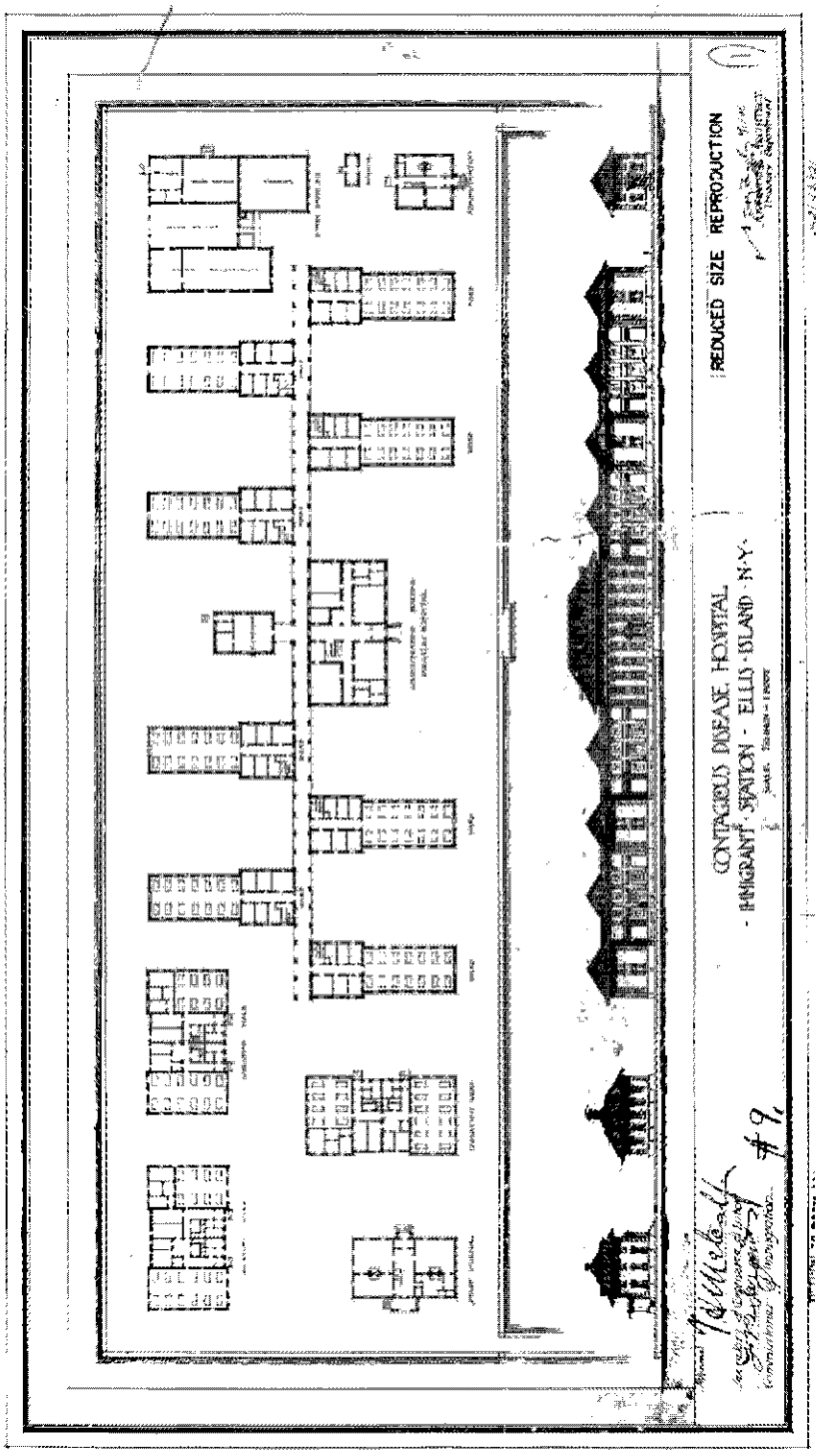

Figure 1: Office of the Supervising Architect, "Contagious Disease Hospital," 1906
(NPS Drawing No. 462/43,901 Sheet 1 of 2)
Source: Technical Information Center, Denver Service Center, National Park Service

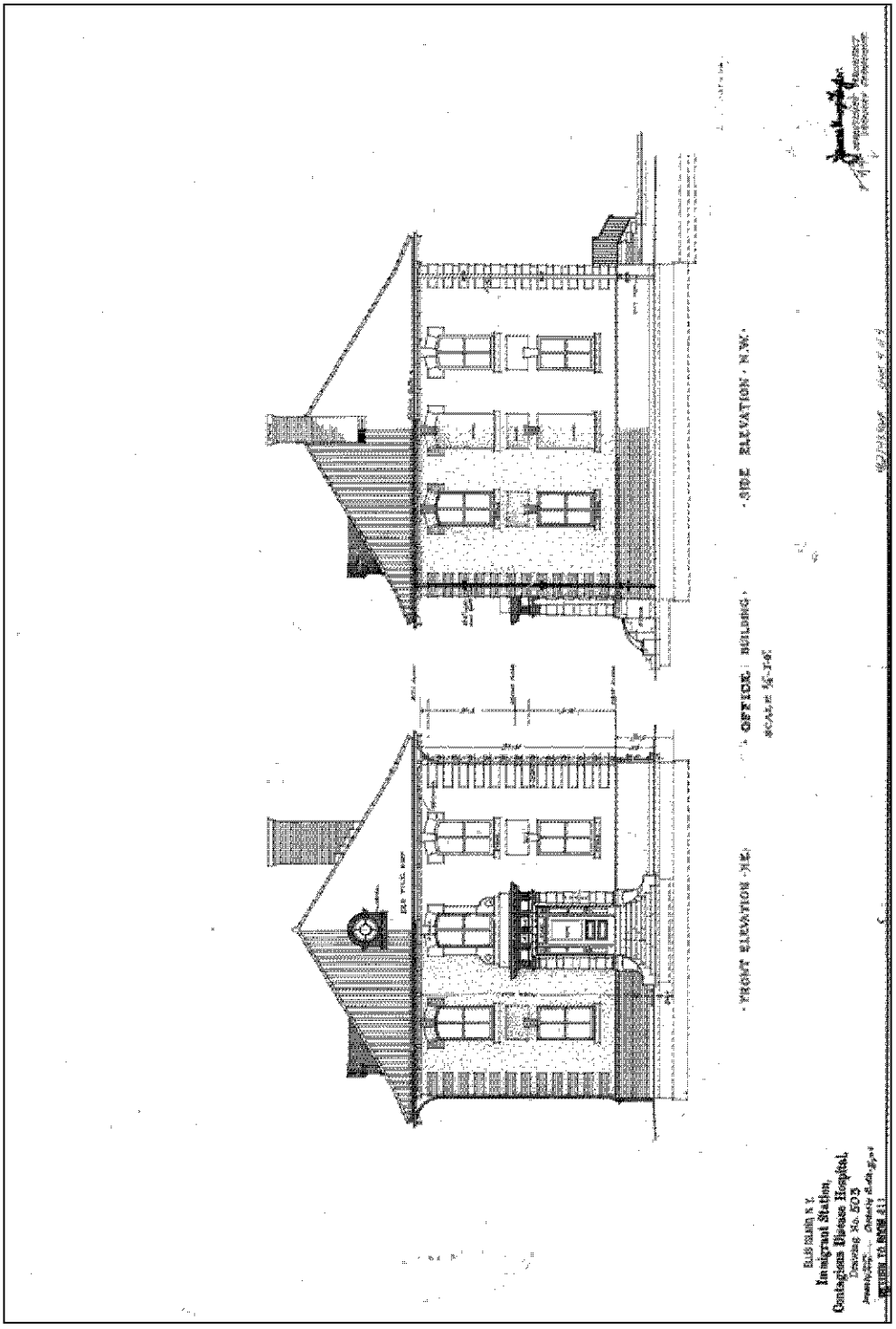

Figure 2: Office of the Supervising Architect, "Office Building, Front and Side Elevations," (18 August 1906)
(NPS Drawing No. 462/43,902F Sheet 4 of 9)
Source: Technical Information Center, Denver Service Center, National Park Service

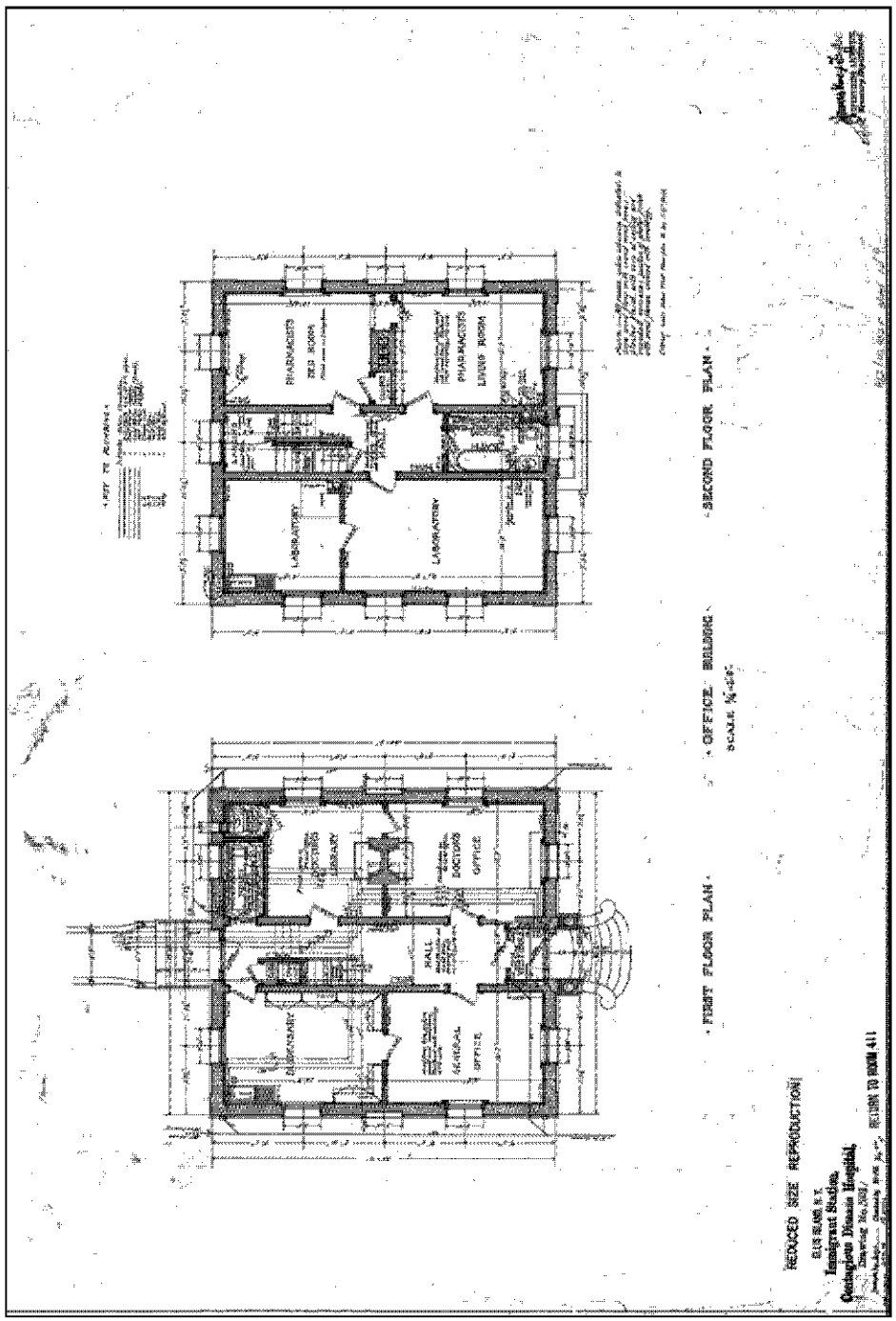

Figure 3: Office of the Supervising Architect, "Office Building, Front and Side Elevations," (18 August 1906)
(NPS Drawing No. 462/43,902F Sheet 1 of 9)
Source: Technical Information Center, Denver Service Center, National Park Service

Figure 4: Aerial Photograph Showing Partial View of the Office Building (bottom left), ca. 1930
(Photo No. 90-G-90-16)
Source: Record Group 90-G – Records of the Public Health Service, Historical Photograph File, 1880-1943, Still Picture Branch, NARA, College Park, MD